

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2479
379

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 18,</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 18,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>16 3153a Arkansas</u>			
3. NAME OF DECEASED (Type or Print) <u>Robert</u>		a. (First)		b. (Middle) <u>Bolhafner</u>		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 29, 1896</u>	
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Bolhafner</u>		13b. MOTHER'S MAIDEN NAME <u>Francis Folzf</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Bolhafner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Bolhafner</u> ADDRESS <u>3153a Arkansas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Coronary Sclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4:20</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:25 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Patricia E. Taylor Corbin</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>1-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nat. Cem., J. B. Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks 23, Mo.</u>	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Foster</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U&L Co. 7814 S. Bdw</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Licensed Embalmer No. 2679

P. O. Address 7814 F. Broadway

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.